Draft Minutes of the State Board of Health
September 6 & 7, 2005

September 6, 2005

The Washington State Board of Health (WSBOH) met at the Clearwater Lodge in Newport, Washington. Dr. Kim Marie Thorburn, WSBOH Chair, called the public meeting to order at 7:12 p.m. and addressed the attendees with the following statement:

"This is a public meeting of the State Board of Health held under provisions of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.

Copies of all materials supplied to the Board for today's meeting have been available since close of business last Friday from the Board's Tumwater office and on the Board's Web site at www.sboh.wa.gov. They are also available today, along with anything else we have received since, at the table in the back of the room. To conserve public funds we have only made as many copies as we feel is needed, so we may run out of some particularly popular items. If you do not find a document you need, please ask Desiree Robinson, WSBOH Executive Assistant, or another Board staff person for one.

Our meeting today is open to the public, so please feel free to listen in on informal discussions involving Board members or staff, including any that may occur during breaks or lunch."

SBOH members present:

Kim Marie Thorburn, MD, MPH, Chair
Charles Chu, DPM
The Honorable David Crump, PhD
Ed Gray, MD
Keith Higman
Frankie T. Manning, MN, RN
Mary Selecky
The Honorable Mike Shelton
Mel Tonasket
Karen VanDusen

SBOH members absent:

State Board of Health Staff present:

Craig McLaughlin, Executive Director
Lonnie Peterson, Public Information Officer
Desiree Robinson, Executive Assistant
Ned Therien, Health Policy Analyst
Tara Wolff, Health Policy Analyst

Guests and Other Participants:

Maryanne Guichard, Department of Health
Sam Magill, S. Magill Consulting, Inc.
Brian Peyton, Department of Health

APPROVAL OF AGENDA

Motion: Approve September 6 & 7, 2005 agenda

Motion/Second: Crump/Manning
Approved unanimously

ADOPTION OF JULY 13, 2005 MEETING MINUTES
Motion: Approve the July 13, 2005 minutes
Motion/Second: Higman/Shelton
Approved unanimously

EMERGENCY RULE MAKING, CHAPTER 246-272A WAC, SMALL ONSITE SEWAGE SYSTEMS
Keith Higman, WSBOH Member, explained that in July 2005 the Board adopted a major revision of Chapter 246-272A WAC, Small Onsite Sewage Systems. It included a water sampling protocol for treatment device registration. However, the Department of Health (DOH) has recently learned of problems with this protocol and is now proposing an emergency rule revision to correct this before the incorrect new provisions take effect. Ned Therien, WSBOH Staff, described the documents behind Tab 3 and explained that the proposal met the criteria for an emergency rule revision. He indicated that the emergency rule would go into effect immediately and be in effect for only 120 days. He said that no public comment period was required for an emergency rule. Permanent rule making, allowing public comment, will be required to make the change lasting. Additionally, DOH is asking the Board to delegate the permanent rule making activity to DOH for this provision.

Maryanne Guichard, Director of the Office of Environmental Health and Safety, DOH, explained that other states have found that the National Sanitation Foundation (NSF) testing protocols that were included in the rules adopted in July 2005 do not work. NSF provided this information after the Board adopted its rule. She explained that an emergency rule would allow Washington to substitute a suitable protocol for manufacturers that would be simpler and easier to use. She said it would be possible to go through the formal process of conducting a public hearing and putting the formal changes in place before the 120 days of the emergency rule had expired. Ms. Guichard said that DOH does not expect the proposed changes to be controversial.

Karen VanDusen, WSBOH Member, asked if Washington would end up adopting the same new protocols as other states. Ms. Guichard indicated that would be the case. Member VanDusen also asked if environmental health directors knew of this change. Ms. Guichard assured her that they did. Member Higman said that the formal rule change would involve consultation with interested parties and that this was a good safeguard. He explained that the device registration process has historically been between DOH and the manufacturers, without local health agency involvement. Craig McLaughlin, WSBOH Executive Director, said that the assistant attorneys general from both DOH and the Board had agreed that the criteria for emergency rule making had been met.

The Honorable David Crump, WSBOH Member, asked for clarification of the amendatory section, specifically the phrase, “three separate days of each week.” Ms. Guichard explained that tests had to fall within a 31-day period. Member Higman said that six samples total must be collected, in pairs of influent and effluent. The members had additional discussion about the meaning of the rule language. Ms. Guichard indicated that she would work to make the language clearer in the permanent rule.
Motion: (1.) The Board adopts the proposed finding of emergency and adopts an emergency rule amending WAC 246-272A-0130(2)(d) as proposed by the Department of Health this day.
Motion/Second: Higman/Manning

Approved unanimously

Chair Thorburn said that the final action to consider on this issue was the request from DOH to delegate permanent rule making for this issue to DOH. Member VanDusen asked about the process of Board delegation to DOH. Mary Selecky, Secretary of Health and WSBOH Member, explained that if the Board delegates rule making to DOH for a certain issue, it is a one-time, narrow delegation.

Motion: (2.) The Board delegates to the Department of Health authority for "permanent" rule making for WAC 246-272A-0130 solely to address sampling requirements for bacteriological testing of influent and effluent waters for onsite wastewater proprietary treatment products.
Motion/Second: VanDusen /Crump
Approved unanimously

DOH/SBOH RELATIONS PRESENTATION

Chair Thorburn introduced Mr. Sam Magill, S. Magill Consulting, Inc., and explained that he has been working with the DOH Senior Management Team developing leadership practices. Secretary Selecky praised Mr. Magill for his experience in leadership development and his facilitation skills. Mr. McLaughlin explained that Mr. Magill's presentation this evening would be about his findings regarding perceptions of DOH employees about the Board and some Board members' perspectives of DOH. Mr. Magill would also address proposed processes to improve future interactions between the two agencies.

Mr. Magill described his interviews with DOH staff, Board staff, and Board members. These interviews explored the perceptions each had about the others' roles. The goal was to develop a report to increase understanding of the differences between the Board and DOH and to improve the partnership. His discussion followed the material behind Tab 4.

Mr. Magill noted that the Board and DOH are distinct entities. Better understanding of the roles of each could help the partnership. He said that there are fundamental challenges that cannot be solved simply by taking a vote. They include the complex interactions of science, politics, money, and diverse populations. Explaining science to elected officials and other policy makers can be very difficult. Rules are just one method of setting policy. Rules can help public health staff implement policy. Chair Thorburn interjected that the process of rule making contributes enormously to the goal. Secretary Selecky commented that rule making is policy making. Public involvement in the process is very important. Mel Tonasket, WSBOH Member, stressed that the process may not always be smooth, but dissenting discussion is healthy.

Mr. Magill said he wished to add a fifth point to the list of fundamental challenges in the handout—polarity management. He described areas of discovery from the interviews. He talked about conflicts between cultures, noting that different cultures exist within different divisions of DOH. The perspectives of DOH and the Board are different. DOH staff has in-depth scientific expertise. The Board members represent different segments of the community and together have a watchdog perspective as a citizen board.

Issues of inclusion, control, and openness affect the dynamics of both DOH and the Board. Inclusion means deciding who gets to be part of the conversation. Control means deciding who has the power

to make decisions. When working together, groups must be careful not to marginalize certain individuals. Openness means the capacity to talk about inclusion and control.

Member Tonasket said that Mr. Magill's comments have intermingled perspectives of DOH and the Board. He said he thought the Board strived to be open. Mr. Magill said that in interviews, some DOH staff expressed a feeling that access to the Board was restricted. The Honorable Mike Shelton, WSBOH Member, said he thinks the Board recognizes that DOH has the expertise in specific aspects of health science. He said that transmission of data on rule making to the Board is a natural progression that should work seamlessly. Public health spans all political parties. However, some groups want to use the public health process for non-public health reasons.

Mr. Magill drew attention to information on page 4 of the handout regarding the complexity of the authorizing environment and page 5 regarding interacting players. He mentioned that the interacting players formed a "hot triangle." Secretary Selecky commented that the federal players were missing from the triangle. There are instances when the state has no choice but to adopt rules echoing federal requirements. In such instances, the Board should not waste its time, but should delegate rule making to DOH. Mr. Magill explained that whenever there is a weak link between two members of a triangle, even if there are strong links between other pairs, the whole triangle becomes weak. Mr. McLaughlin pointed out that there are many triangles within DOH/Board interactions.

Member VanDusen asked if there were constraints on Board members to meet in subgroups and discuss certain topics without a full, open public process. Secretary Selecky said there were not constraints against such non-public meetings because a quorum sets Board policies. Frankie T. Manning, WSBOH Member, said that she saw the interactions more as a continuum of different interactions, rather than a triangle. Secretary Selecky commented that there is always a need for balance with interactions. She reiterated Member Shelton's earlier comment that some public input addresses only an individual's benefit, not the public's benefit. She said that the Board needed to be careful with its power to launch DOH or local health agency actions based on comments received at a meeting that might not relate to the total public health good.

Member Crump expressed concern that DOH staff may not understand that the Board is not challenging the validity of a DOH presentation by asking questions or opening the process to other voices. Mr. Magill discussed that DOH management is taking actions to train staff how to make presentations to the Board. He said that he was helping prepare orientation packages for Board members and DOH staff to make interactions smoother. Mr. McLaughlin commented that the Board and its staff help the process by expressing appreciation for DOH staff participation and explaining to DOH staff the importance of giving clear presentations. Secretary Selecky explained that there is a power relationship and DOH staff can feel devastated by how a Board member asks a question. Member Tonasket commented that questions from a Board member are usually asked to help the member understand the presentation, because the jargon used and science discussed are not within the scope of all of the members' expertise. He said that he did not think any Board member would ever ask a question purposely to upset a DOH staff member.

Chair Thorburn asked Mr. Magill which parts of his presentation points were syntheses and which parts were directly from interviews. Mr. Magill said the fundamental challenges and areas of discovery are synthesis, while the additional findings are directly from the interviews.

Mr. Magill discussed the information and ways to use it to improve relationships. A large part of this is role clarification. Mr. McLaughlin thanked Tara Wolff, WSBOH Staff, for her early work in this area.

Mr. Magill recommended the use of rapid huddles between all parties involved during the process. This is especially important at the beginning of a project. A mid-point huddle is useful, even if no difficulties are apparent. A post-project huddle is useful to learn how to do the next project smoother.

Mr. Magill said that various levels of orientation for all players could be useful. He pointed out the material on pages 7 and 8 of the handout. He wrapped up his discussion by expressing a need for accountability and inviting Board members to contact him to discuss the issues further.

ADJOURNMENT
Chair Thorburn adjourned the meeting at 9:11 p.m.

September 7, 2005

The Washington State Board of Health (WSBOH) reconvened at the Clearwater Lodge in Newport, Washington. Dr. Kim Marie Thorburn, WSBOH Chair, called the public meeting to order at 8:47 a.m.

SBOH members present:

Kim Marie Thorburn, MD, MPH, Chair	Frankie T. Manning, MN, RN
Charles Chu, DPM	Mary Selecky
The Honorable David Crump, PhD	The Honorable Mike Shelton
Ed Gray, MD	Mel Tonasket
Keith Higman	Karen VanDusen

SBOH members absent:

State Board of Health Staff present:

Craig McLaughlin, Executive Director	Lonnie Peterson, Public Information Officer
Desiree Robinson, Executive Assistant	Tara Wolff, Health Policy Analyst
Ned Therien, Health Policy Analyst	

Guests and Other Participants:

Sam Magill, S. Magill Consulting, Inc.	Brian Peyton, Department of Health

STRATEGIC PLANNING
Chair Thorburn opened the meeting by saying that she is excited that the Governor's priorities include a health agenda with important public health components. She also stated that working on ways to reduce health disparities was one of the most important goals of the Board not specifically included in the Governor's initiatives. She turned the meeting over to Mr. Sam Magill, S. Magill Consulting, Inc., to lead strategic planning. Mr. Magill said the task for today was to discuss the Board's vision, mission, goals, objectives, and initiatives. He explained that the Board would set the

framework for staff to draft a strategic plan for later Board review. The Board would not be expected to produce a completed plan today. He then led the group in a teambuilding exercise.

The Board took a break at 9:47 a.m. and reconvened at 10:08 a.m.

DEPARTMENT OF HEALTH UPDATE

Secretary Selecky said the transient accommodations rule passed by the Board has resulted in preparation of a handbook and a CD of information explaining requirements to the industry. All licensed operators have received copies. She mentioned that flu season is coming and the Centers for Disease Control and Prevention is recommending that shots be restricted to high-risk members of the public for the first part of the season. The vaccine manufacturers appear to be on schedule with production. DOH and the Department of Ecology teamed with school districts to test 39 percent of elementary schools' water systems. About 7 percent of schools tested above the federal action level for lead in drinking water. Planning for pandemic flu is underway, just in case it arrives. The Legislature has a lot of interest in this planning. The Board's policy on requiring varicella vaccination for school entry, adopted this July, is driving potential legislative action regarding funding for childhood immunizations. Secretary Selecky will discuss ramifications at a future Board meeting. The state is planning for Operation Evergreen, which could bring Hurricane Katrina refugees to Washington. The state's repatriation plan for receiving people from other countries is the model. If the President approves, refugees will come to McChord Air Force Base, initially staying at Fort Lewis. Pierce County would be the lead on public health concerns. Secretary Selecky described the Emergency Management Assistance Compact (EMAC) in which 48 states are members. The program coordinates the sharing of health and safety assistance personnel on an emergency basis. State and local government employees are shared through EMAC. Mel Tonasket, WSBOH Member, asked if there would be provisions for people needing mental health assistance. Secretary Selecky said that mental health specialists would be on site when hurricane refugees arrive. Western State Hospital will provide beds, if needed.

STRATEGIC PLANNING CONTINUED

Mr. Magill led a continuing discussion of the Board vision and mission. Board members felt the current vision statement was perhaps too idealistic and needed to focus on things that the Board can influence. There was sentiment for having the vision statement reflect a vision for Board activities, rather than a vision of the public's health status. Members noted that there might be a need for the Board in the future to produce both a vision for a healthy Washington as well as a vision for Board activities. Board members made suggestions about ways to reorganize the vision statement—some items seemed to relate to outcomes, some described the system, and some were about who would play what role in creating the system. Several members said they felt the last item, which talks about creating a society that views the public's health as an asset, was an overarching piece of the vision and deserved more emphasis. Members discouraged the use of the word *citizens* because it seemed to exclude non-citizen residents. They also commented that the vision statement did not adequately address social justice and health disparities, nor did it fully address community involvement and public education. Member suggested that *prevention* and *safety* were key words that needed to be included. Members also offered wording suggestions that would reflect the Board's active role in bringing about the vision. Finally, several members felt that the vision statement is too long.

The Board then discussed the mission statement. Many members did not like the word *maintain* in the statement since it seemed to support the status quo; however, they discussed the importance of

maintaining the infrastructure for public health. Board members liked the words *promote* and *improve*. Adopting rules, public education, and promoting community involvement may be missing components. There was support for including the term *the public's health* and some interest in including *safety*. There was also discussion of capturing the importance of equity and social justice, possibly by indication that the Board's goal was to improve the public's health for *all* Washingtonians. The Board discussed whether it was an enforcement agency and its role in recommending policy beyond rule making. Board staff will revise the mission statement for the Board's review.

Mr. McLaughlin led a discussion of the Board's goals, using the strategic directions in the *2004 Washington State Health Report* as a starting point.

- **Maintain and improve the public health system:** Board members did not recommend changes, but one member questioned the choice of the word *system*.
- **Ensure fair access to critical health services:** There was some concern about the inclusion of the word *fair*.
- **Improve health outcomes and increase value:** The clause *and increase value* is not needed; this goal encompasses goals about tobacco, nutrition, and physical activity.
- **Explore ways to reduce health disparities:** *Explore ways to* could be eliminated.
- **Improve nutrition and increase physical activity:** Falls under improve health outcomes.
- **Reduce tobacco use:** Expand to include abuse of alcohol and other substances; falls under improve health outcomes.
- **Safeguard environments that sustain human health:** Board members questioned both *safeguard* and *sustain*; suggested as an alternative, "Assure natural and built environments that promote and protect human health and safety."

The Board recessed for lunch at 12:02 p.m. and reconvened at 12:50 p.m.

Mr. Magill asked Board members what was missing from the goals. The Board members identified prevention as a major component, whether explicitly stated or not. Preparedness was another component that should be captured, but could be included as part of infrastructure.

Mr. McLaughlin led a brainstorming session to develop a list of objectives for each goal. The Board reviewed the suggestion and grouped some of them together. At the end, the Board members participated in a straw poll indicating which three items under each goal should be a priority for the Board. The following are ideas from the Board and the votes they received:

Ensure fair access to critical health services

• Educate the public about the menu of critical health services.	8
• Review and explore duplicate services that prevent access.	7
• Move to an all-inclusive system with one risk pool, one administration, one claim form using Canada/Germany as a guide.	6
• Discover what role the Board has in looking at access.	6
• Coordinate with law enforcement, hospitals, etc.	1

Assure natural and built environments that protect and promote human health and safety

• Increase awareness of built environment issues affecting health including more sidewalks and parks in all communities, housing codes, noise, encourage dialogue and partnerships with land use planning agencies.	7
• Assure rules are doing what they are supposed to do.	5
• Assure school environments that promote and protect children's health and safety.	5
• Water issues; assure the quality of water sources for human consumption in drought conditions including issues of fairness, equity, and availability.	5
• Assure vector control programs are functional, considering issues involving West Nile virus, other zoonotic diseases, public health infrastructure, and emergent conditions.	5
• Address the impact of toxins on human health.	2
• Work with industry to identify public health protections in brownfields prior to clean up.	
• Address air quality issues, including examining indoor air quality, long-term implications of energy design, and convening groups interested in air quality.	1
• Address water quality issues related to bathing beaches, lake water quality.	1
• Address water quality issues related to onsite sewage impacts on shellfish safety, usage of grey water, and aquifer protection.	1

Reduce health disparities

• Focus on health status by affected populations for diseases and interventions that affect those populations; develop systems to identify disparities (for example, migrant worker housing initiative).	7
• Focus on cultural competency of health providers.	7
• Facilitate or help promote a forum to bring these issues to the forefront.	7
• Integrate "reduction of disparities" in all policies.	5
• Work with the social services system to carry out evidence-based practices to meet the needs of vulnerable populations.	4
• Work with OSPI to ensure that the linkage between health and educational attainment is understood and the needs are met.	
• Transition to better overall system.	
• Adult immunizations current.	
• Incorporate this awareness in Board meetings.	

Maintain and improve the public health system

• Find more resources ($), stable funding for local agencies tied to outcomes, adequate capacity to meet mission.	9
• Emergency preparedness, respond to emergent and emerging conditions.	1
• Assure basic preventative programs are in place in all parts of the state (for example, epi, communicable disease).	7
• Learn from the recent standards assessment, create priorities for action, focus on the few and show progress.	1
• Improve local boards of health status and standing; assessment is local.	3
• Define policy to improve access to preventative basic services.	1
• Back to the basics for comprehensive sanitation/EH protection.	1
• Improve coordination and cooperation with the Department of Defense.	

Improve health outcomes

• Improve disease (communicable and non-communicable) surveillance—target system actions for intervention and prevention.	9
• Design policies to ensure evidence-based practices are integrated into a program of prevention.	8
• Focus on maternity outcomes, childhood immunizations, and preventive health care.	8
• Encourage more preventive services through health insurance companies.	3
• Age-appropriate, medically accurate sex education.	1

Reduce tobacco, alcohol, and other addictive substance use

• Board needs to become more informed about alcohol and substance use and misuse, interventions, and outcomes.	9
• Eliminate exposure to secondhand smoke—parents, pregnant moms, child care.	8
• Increase awareness of impact and importance of costs of alcohol and substance abuse; collaborate with youth programs, peer mentoring.	8
• Resources for treatment on demand.	1
• Design policies to identify and assess use of alcohol/tobacco/substances.	1
• Teach children how to make good decisions.	
• Increase tobacco cessation.	
• Prevent youth from initiating tobacco use.	
• Identify and eliminate tobacco-related disparities in high-risk groups.	

Improve nutrition and increase physical activity

• Require physical education (PE) with OSPI, increase PE in school programs, promote intramural over interscholastic	7
• Research (with DOH and others) interventions at a population focus that work and teach outcomes but articulate the goal.	7
• Promote options and provide education to families to be more active and eat healthy meals (through mass media); promote family meals.	5
• Increase parental and community participation in school health (such as school health councils).	4
• The >60 group?—access and motivation.	1
• Collaborate with OSPI and DOH to promote and teach this.	

The Board took a break at 3:17 p.m. and reconvened at 3:35 p.m.

STRATEGIC PLANNING CONTINUED

Mr. McLaughlin called the Board's attention to the handout regarding Board staff's ongoing commitments. He estimated that staff time is already at least 60 percent committed. Additionally, the Governor has health on her agenda and that may require extra work on the part of Board staff. The Board also has statutory responsibility to prepare a state health report every two years and hold public forums every five years. The Board last held public forums in 2000. Therefore, the time left for initiatives is limited.

Chair Thorburn commented that five draft proposals (out of 12 pre-prepared by staff) seemed to fit within the high priorities that the Board identified in the previous exercise. She thought of the proposals as examples of strategies. She asked staff to preserve all the work from today. Member Tonasket expressed concerns about the planning process. He noted that the committees spent a lot of effort in developing proposals and he does not want to see those set aside.

Frankie T. Manning, WSBOH Member, noted the large amount of information presented and discussed today and asked that Board staff compile the information. Karen VanDusen, WSBOH Member, said that the earlier discussion could be used to develop new proposals. She said that the comments gathered through the survey done by staff this summer should also be considered. Member Tonasket wondered whether Board members left out the concepts of many of the pre-prepared proposals when listing strategies in the earlier discussion today because they thought the proposals already had some standing. The Honorable David Crump, WSBOH Member, said that he considered the work done today as new work that should supersede older thinking used to prepare the proposals; however, he noted that the proposals should also be considered. Secretary Selecky commented that it was important to base priorities on a solid framework.

Mr. McLaughlin said that he thought the higher-level evaluation that the Board did today was different from how it developed initiatives in the past. The question is not what staff needs now, but what the Board needs from staff for the next step.

Chair Thorburn said that the work done today was highly constructive to evaluate the universe of work that is important and build a framework fitting the vision and mission. This will help determine what the Board ultimately chooses to work on. Member Tonasket said he still wants the committees to have a chance to present their proposals to the whole Board and have discussion. Dr.

Charles Chu, WSBOH Member, said that the committees could rethink their proposals based on the guidance from today's work. Keith Higman, WSBOH Member, said he agreed with Member Manning about stepping back and letting the dust settle so staff can digest the information. The Honorable Mike Shelton, WSBOH Member, wanted to ensure that the committees' work would be kept.

SBOH ANNOUNCEMENTS AND OTHER BOARD BUSINESS

Mr. McLaughlin reminded the Board that the date for the December meeting has changed from December 14 to December 7 in SeaTac, Washington. He reviewed the materials behind Tab 2. He said that the November agenda was light so far, so there was an opportunity to add training on rule development. The Board publishes its calendar each year with the State Register, so the Board will need to decide on its schedule for the coming year. He encouraged Board members to attend the health disparities summit to demonstrate the importance the Board places on health disparity issues.

He explained that the handout about planned meetings of the Joint Select Committee on Public Health Finance showed only a portion of the work that is required. He encouraged Board members to make presentations in front of the committee, rather than relying on him to make all of them.

Secretary Selecky interjected that both the City of Seattle and King County are conducting a local review of public health. A legislative committee is also planning to audit the public health system. She encouraged everyone to be prepared to answer questions about public health. She reminded Board members that, when they testify in front of Legislators, they should stress the groups they represent on the Board and in their communities, not just emphasize their Board membership.

Secretary Selecky reported that there is a lot of work going on nationally about the accreditation of local health departments. The Robert Wood Johnson Foundation is funding the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) to study the issue. The Board has been asked to participate in this effort via the National Association of State Boards of Health. The invitation is a great opportunity for the Board to have a seat at the table.

Mr. McLaughlin said that the Washington Chapter of the American Academy of Pediatrics (AAP) is hosting a summit on immunization policy on November 23, 2005. DOH and Board staff are helping plan the summit in partnership with the AAP. He pointed out that the Governor's Health Bowl, part of her healthy Washington campaign, includes a public health literacy component.

He gave an update on rule making activities regarding human remains, dead animal disposal rule, onsite sewage, varicella immunization, newborn screening, and communicable disease control. He said that the Board has received petitions for rule making regarding tent cities and provisions in the onsite rule for annual inspections. The Board will refuse the requests and send letters to the requestors; however, requestors can appeal the Board's response to the Governor.

PUBLIC TESTIMONY

No testimony was given.

ADJOURNMENT

Chair Thorburn adjourned the meeting at 4:48 p.m.